Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

OF THE CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$125 payable to SECRETARY OF STATE

Telephone #	 	 	-
FAX #	 	 	

1.	The name of the limited partnership is			
	Note: This must be the exact limited partnership name.			
2.	The amended limited partnership name is			
	The name shall contain without abbreviation the words "limit	ed partnership".		
3.	The date of filing the certificate is	· · · · · · · · · · · · · · · · · · ·		
4.	Please complete only if there is a change to any of the	registered agent inform	nation.	
	The South Dakota Registered Agent name			
	Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
	Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
	When listing a Commercial Registered Agent, plea This number can be obtained from the Commercial			

5. Please state the amendment to the certificate.

General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4
certificate of amendment method the certificate as a new general t	nust be signed by at least one genera neral partner.	I partner and by each other	general partner o	designated
ated				
	(Si	gnature of a general partner)		
	(Pr	inted Name)		
	 =			
ated	/C;	gnature of a general partner)		
ated	(3)			
ated	_	inted Name)		
ated	(Pr			
	(Pr	gnature of a general partner)		

6. The names and business address of any $\underline{\textbf{new}}$ general partner is